

OVERVIEW AND FINDINGS

Program Description

The Child Health and Disability Prevention (CHDP) program provides comprehensive health assessments for the early detection and prevention of disease and disabilities in low-income children and youth as mandated by Section 124025 of the Health and Safety Code. A complete health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.

CHDP is responsible for resource and provider development to ensure that high quality services are delivered and accessible to children; outreach to target populations to increase participation; and health education to community agencies and residents to increase the knowledge and acceptance of preventive services. The program is financed and has standards established at the state level and is operated at the local level by health departments in each county and the cities of Berkeley, Long Beach and Pasadena.

CHDP also oversees the screening and follow-up components of the federally-mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth; provides preventive health assessments for non-Medi-Cal eligible children; and monitors the school entry program which requires that all children entering the first grade or kindergarten have either a certificate of health examination or a waiver on file at their school.

Children Served by CHDP

This report on health assessments is based on information obtained from providers completing the CHDP Confidential Screening and Billing Forms (PM 160), which were submitted to the CHDP fiscal intermediary for dates of services from July 1, 2001, through June 30, 2002. All forms adjudicated from July 2001 through January 2003 are included.

There are three versions of the Confidential Screening and Billing Forms (PM 160) in use. Providers for most Medi-Cal fee for service and State-funded health assessments use the standard PM 160. Head Start and State Preschool programs use a PM 160 designed specifically for reporting the delivery of preventive health care services to children enrolled in the programs. The "Information-Only" PM 160 is used to report services rendered to Medi-Cal children enrolled in managed cares plans. Because they are not used as a billing form, the "Information-Only" PM 160's are not edited by the fiscal intermediary, and therefore the data from these forms may be less reliable than data reported on the other PM 160 forms.

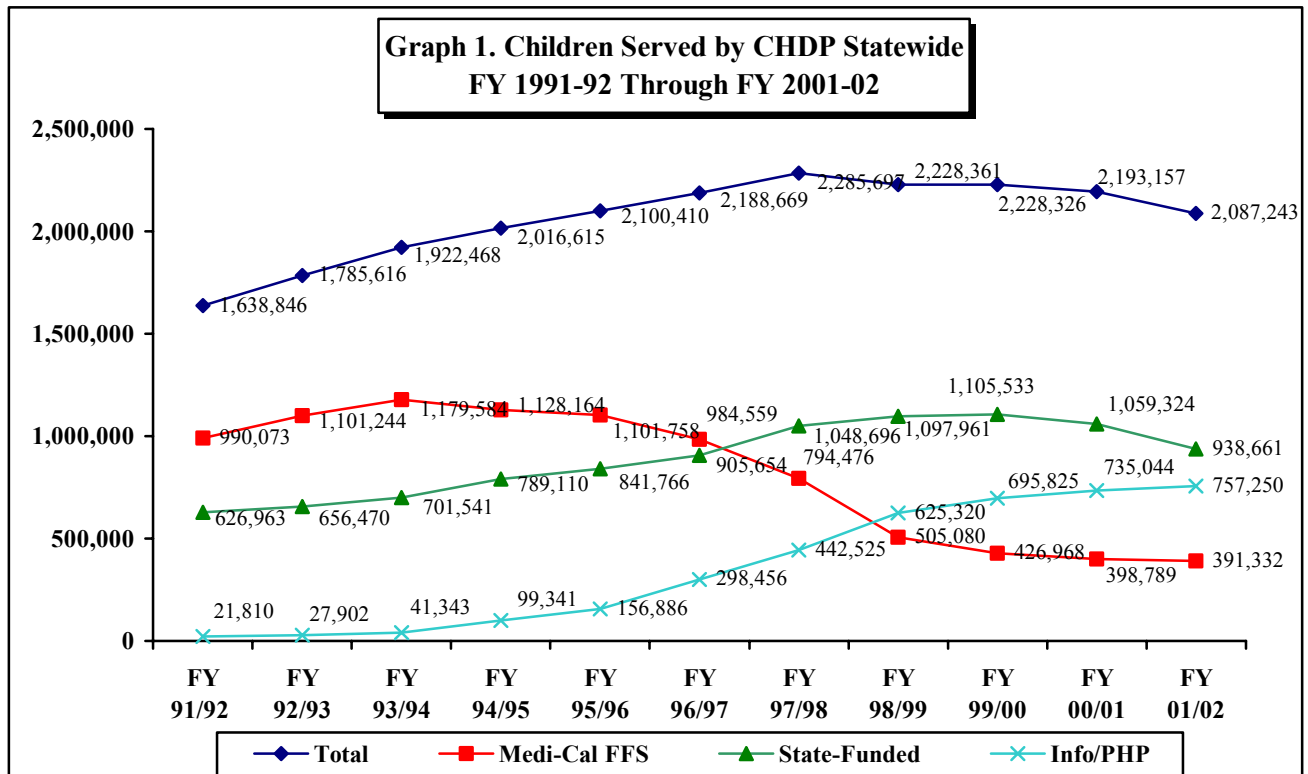
As noted in Table 1 during fiscal year (FY) 2001-02, the CHDP program provided preventive health services to an estimated 2,087,243 children (unduplicated count) with 3,045,131 visits, an average of 1.5 visits per child. This unduplicated count of children (see unduplication method later in this section), based on county of residence, was for claims submitted for dates of service occurring between July 1, 2001, through June 30, 2002.

From FY 1991-92 to FY 1997-98 there was a gradual increase in the number of children served by CHDP. Overall, these changes represent an average increase of 5.7 percent per fiscal year (see Table 1). From FY 1998-99 to FY 2001-02, the total children served by CHDP slightly decreased. There were 103,914 fewer children served by CHDP in FY 2001-02 compared to FY 2000-01, a 4.8 percent decline. This decline may have been attributable to children being transferred to other health care programs, such as Healthy Families, or due to under-reporting of complete or partial CHDP preventive health assessments provided by Medi-Cal Managed Care (MCMC) Plans.

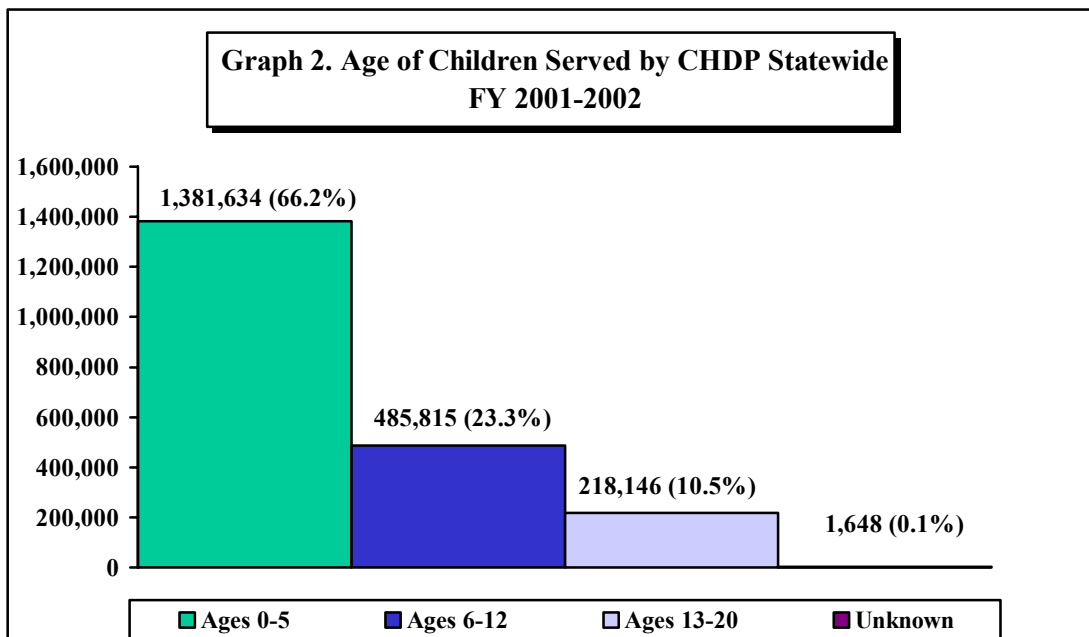
Comparing the total number served by different funding sources from FY 2001-02 to FY 2000-01, 7,457 fewer Medi-Cal Eligible Fee-For-Service (Medi-Cal FFS) children were reported as receiving services in 2001-02, which is a 1.9 percent decline. There were 22,206 more Information Only/Prepaid Health Plan (Info/PHP) children served in FY 2001-02, a 3.0 percent increase. State-funded children served were 120,663 less in FY 2000-01, a 11.4 percent decrease (see Graph 1).

**Table 1. Number and Percent Change for CHDP children Served
From FY 1992 to 2002**

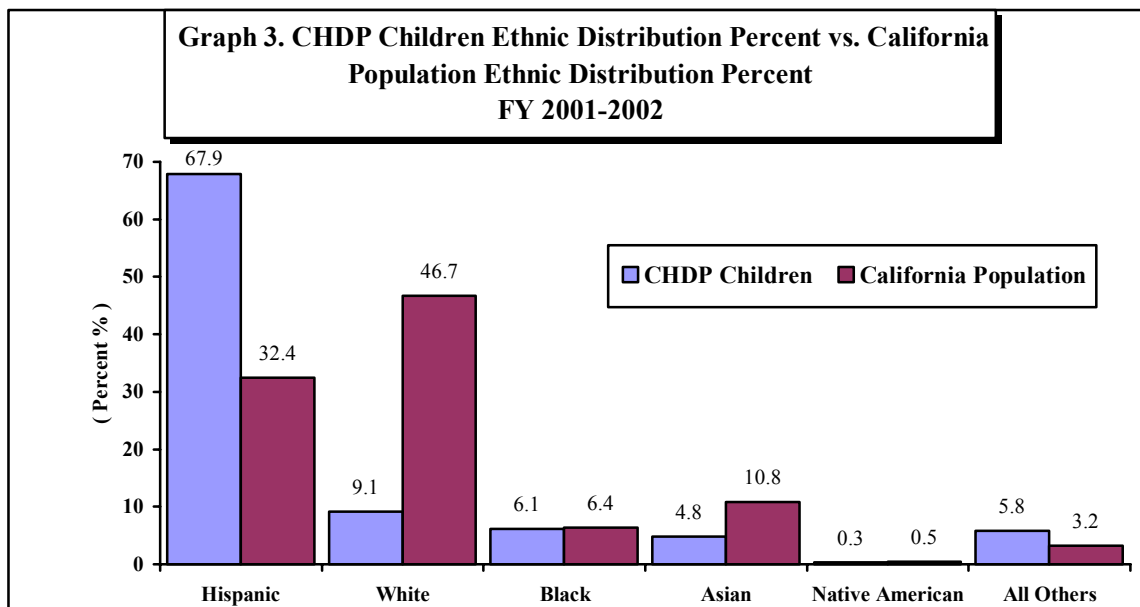
Fiscal Year	Children Served	Number Change Compared to Previous Fiscal Year		Percent Change From Previous
1991-92	1,638,846			
1992-93	1,785,616	1992/93 - 1991/92	146,770	9.0
1993-94	1,922,468	1993/94 - 1992/93	136,852	7.7
1994-95	2,016,615	1994/95 - 1993/94	94,147	4.9
1995-96	2,100,410	1995/96 - 1994/95	83,795	4.2
1996-97	2,188,669	1996/97 - 1994/95	88,259	4.2
1997-98	2,285,697	1997/98 - 1996/97	97,028	4.4
1998-99	2,228,361	1998/99 - 1997/98	-57,336	-2.5
1999-00	2,228,326	1999/00 - 1999/98	-35	0.0
2000-01	2,193,157	2000/01 - 1999/00	-35,169	-1.6
2001-02	2,087,243	2001/02 - 2000/01	-105,914	-4.8



Of the 2,087,243 children served by CHDP, 66.2 percent were age 0 to 5, 23.3 percent were age 6 to 12, 10.5 percent were age 13 to 20 and 0.1% children did not identify their age (see Graph 2).



Of the 2,087,243 children served by the CHDP program, 67.9 percent were Hispanic, 9.1 percent were White, 6.1 percent were Black, 4.8 percent were Asian, 0.3 percent were Native American and 5.8 percent were Other (i.e., Filipino, Pacific Islander and Other). There were 6.0 percent of the children served whose ethnicity was not reported for CHDP in FY 2001-02. Further the ethnic distribution of CHDP children in FY 2001-02 was different from the ethnic distribution of the California population.



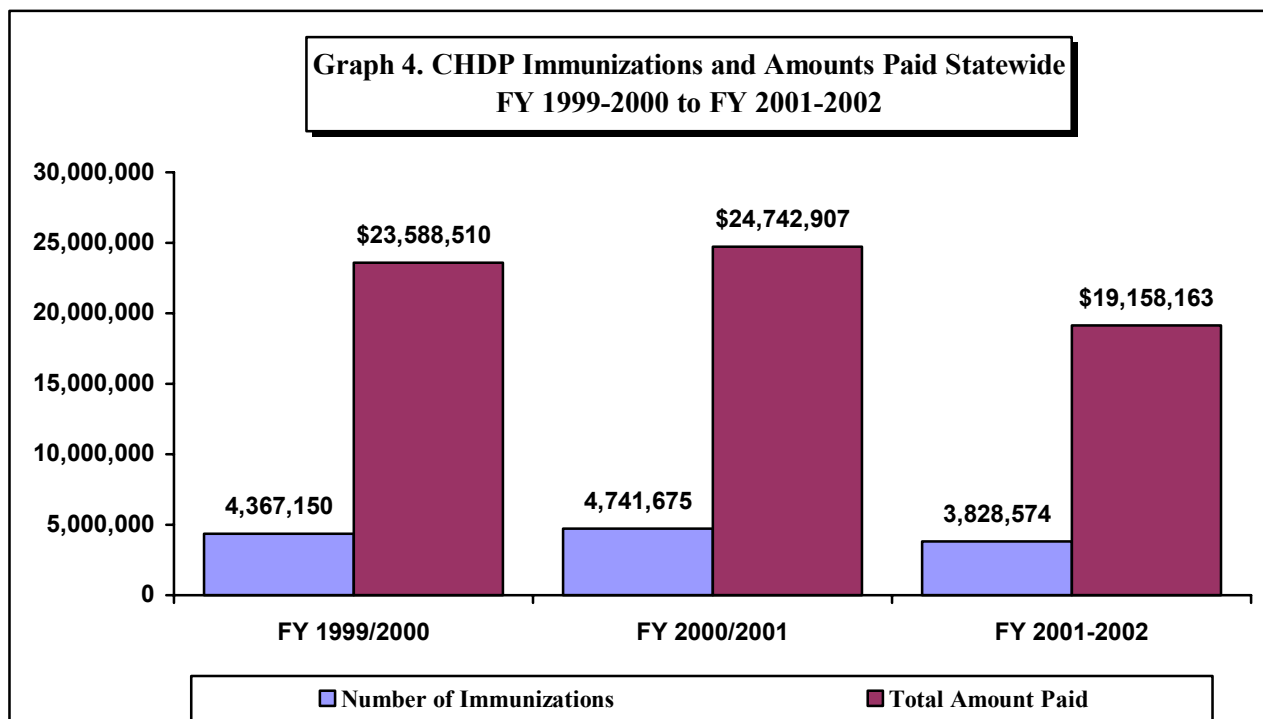
According to the California Census 2000, 46.7 percent of the California population was White, 6.4 percent were Black, 10.8 percent were Asian, 32.4 percent were Hispanic, 0.5 percent was Native American and 3.2 percent were others (see Graph 3).

During FY 2001-02, the CHDP program provided services to 1,026,376 (49.2 percent) females and 1,051,041 (50.4 percent) males. For 9,826 (0.5 percent) of the children, the gender was not indicated. (See Table 73, page 88).

Immunizations

The CHDP program provided 3,828,574 individual immunizations in FY 2001-02, 913,101 less compared to FY 2000-01. This represents a 19.3 percent decrease over FY 2000-01 when 4,741,675 immunizations were provided by CHDP (see Graph 4).

The amount paid for CHDP immunizations during FY 2001-02 totaled \$19,158,163, a decrease of \$5,584,744 (22.6 percent) from \$24,742,907 in FY 2000-01. The average cost per immunization was \$7.86 in FY 2001-02, which is no significant change from \$7.75 in FY 2000-01. The cost of an immunization is composed of two parts: the administration fee, and the cost of the vaccine. In the CHDP program, the Federal Vaccine-for-Children (VFC) program supplies the majority of vaccines. Therefore, the average cost of vaccines includes primarily the administration fee and the costs for the few vaccines that providers must purchase directly.



Type of Providers

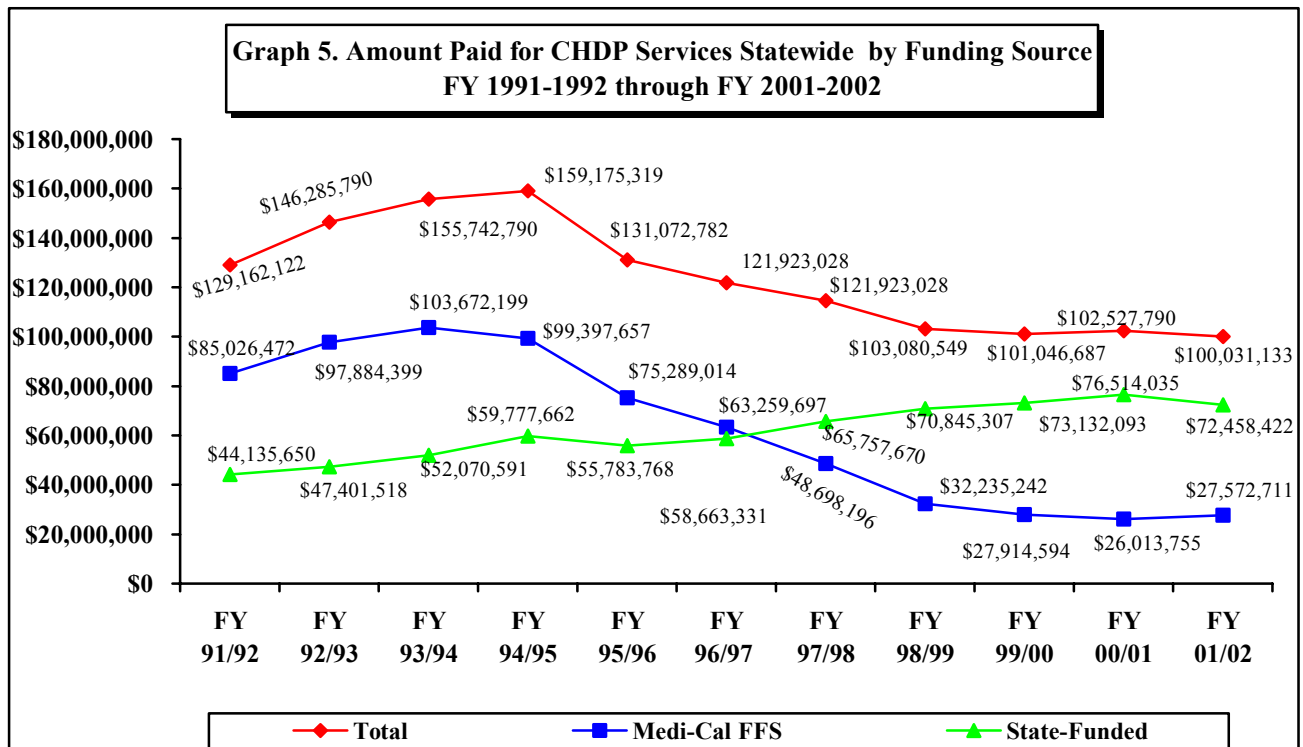
During FY 2001-02, 21 provider types (and one category unknown) provided CHDP services to children. Among the various provider types, Physician Solo Practices provided 17.8 percent of the services, 19.0 percent by Physician Groups, and 10.4 percent by Rural Health Clinics, 3.4 percent by Clinic Labs/Lead, 3.3 percent by County Health Department Clinic, 3.3 percent by Community Clinics. All other provider types provided the remaining 42.8 percent of the services. (See Table 46 - Statewide Summary of CHDP Provider Types and Amount Paid, page 57).

Expenditures

During FY 2001-02, a total of \$100,031,133 was paid for both Medi-Cal Fee-For-Service (FFS) and State-funded CHDP preventive health examinations (See Graph 5). This is a decrease of \$2,496,657 (2.4 percent) from the \$102,527,790 paid in fiscal year 2000-2001.

Of the \$100,031,133 paid for CHDP services, \$27,572,711 was paid for services to 391,332 Medi-Cal FFS funded children at an average cost of \$70.46 per child and 554,176 Medi-Cal funded visits at an average cost of \$49.75 per visit. The number of children for whom services were paid by Medi-Cal FFS represents a 1.9 percent decrease from the 398,789 Medi-Cal FFS children served in fiscal year 2000-2001 (See Graph 6). This shift can be partially attributed to the transition of children to MCMC (Medi-Cal Managed Care) Health Plans.

Over the years, the Medi-Cal program has been undergoing a gradual transition from Medi-Cal FFS to MCMC in the most populated counties. MCMC providers are required to submit an “Information-Only” PM 160 when children receive a CHDP examination. In FY 2001-02, 757,250 Info/PHP children were served by CHDP program, a 3.0 percent increase over FY 2000-01. Because the PM 160 “Information-Only” form is used as a reporting form rather than a billing form, expenditure data is unavailable for this group of children. Therefore, those children cannot be included in calculating the average cost per child for CHDP services.

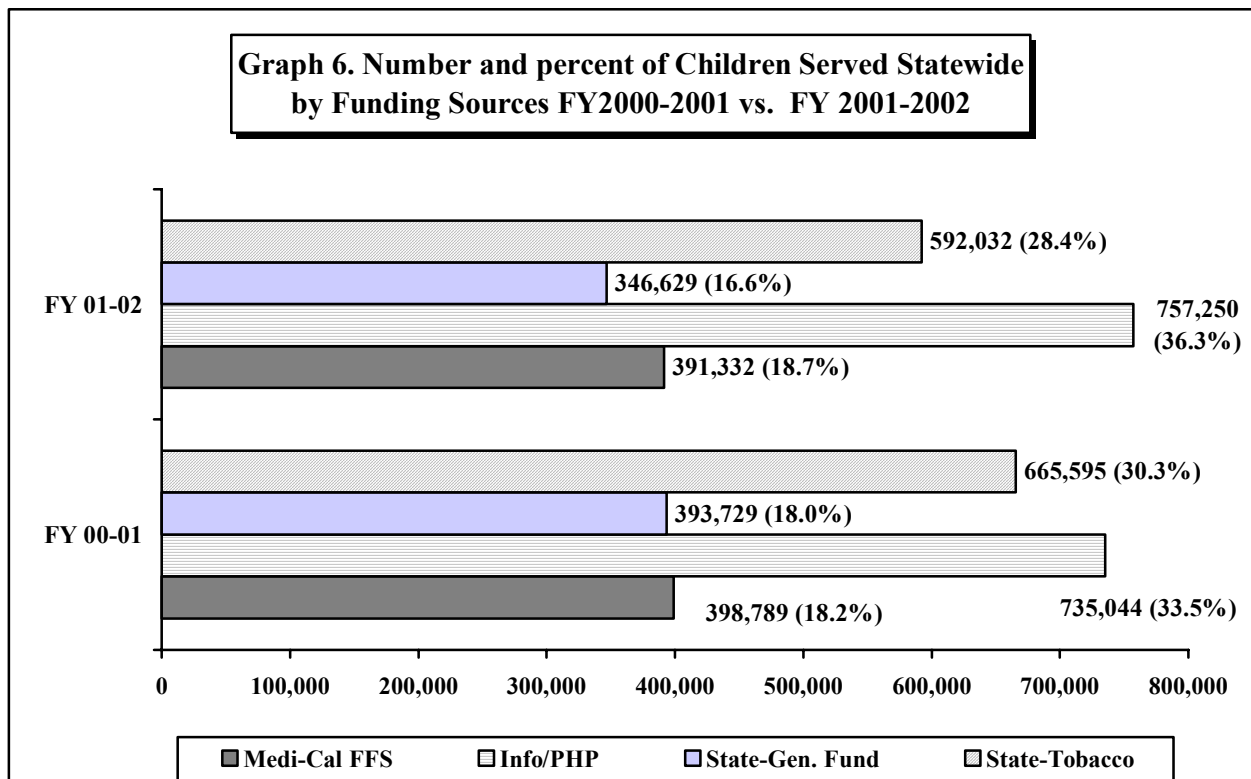


Although the number of CHDP services delivered by MCMC Plans has continued to increase, an unknown percentage of those services may remain unreported through the “Information-Only” PM 160 forms. There may be significant under-reporting by MCMC plans because the “Information-Only” PM 160 is not used for reimbursement.

For State-funded CHDP services, compared to FY 2000-01 when providers were paid \$76,514,035 for CHDP preventive health exams and services, providers were paid \$72,458,422 for CHDP preventive health exams and services provided to 938,661 State-funded children with 1,351,471 visits, a decrease of \$4,055,613 (5.3 percent) in FY 2001-02. The average cost per child was \$77.19 and \$53.61 per visits (see Graph 5).

State-funded CHDP services receive funds from two sources: the State General Fund and the Proposition 99 Tobacco Tax. A total of 346,629 children received services paid from the State General Fund and 592,032 children received services paid from the State Tobacco Tax Funds. The percentage of children receiving CHDP

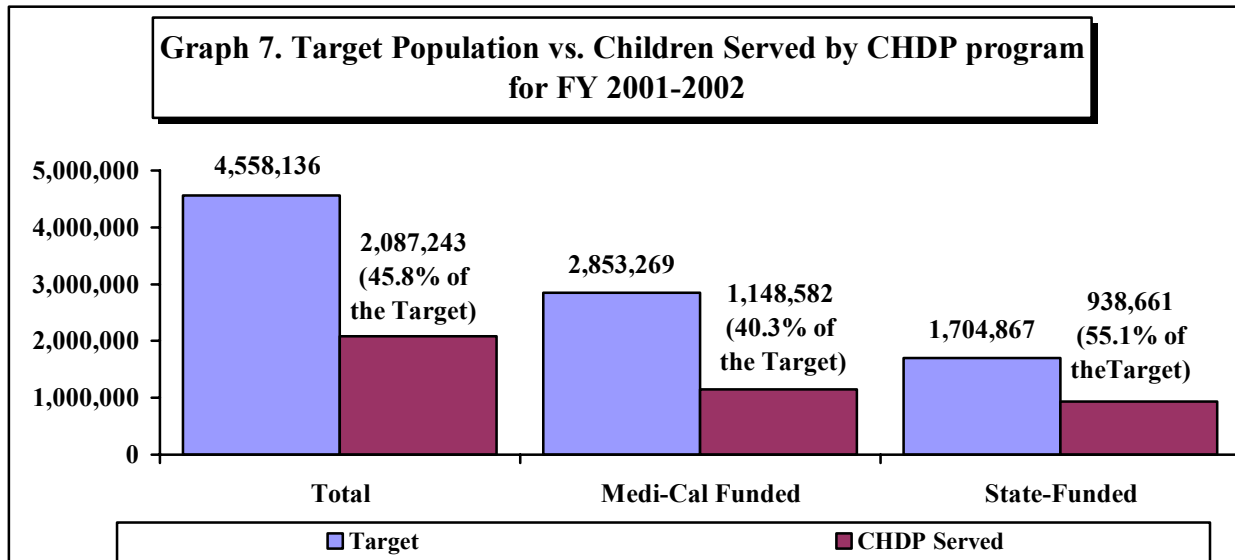
services paid for by State Tobacco Funds shows 6.5% decreasing in FY 2001-02 (28.4%), when compared to FY 2000-01 (30.3%, see Graph 6).



Target Population

The CHDP target population is comprised of (1) children eligible for Medi-Cal FFS less than 21 years of age, and (2) non Medi-Cal eligible children under 19 years of age from families with incomes under 200 percent of the FPL. Children that meet these criteria qualify for health assessments through the CHDP program.

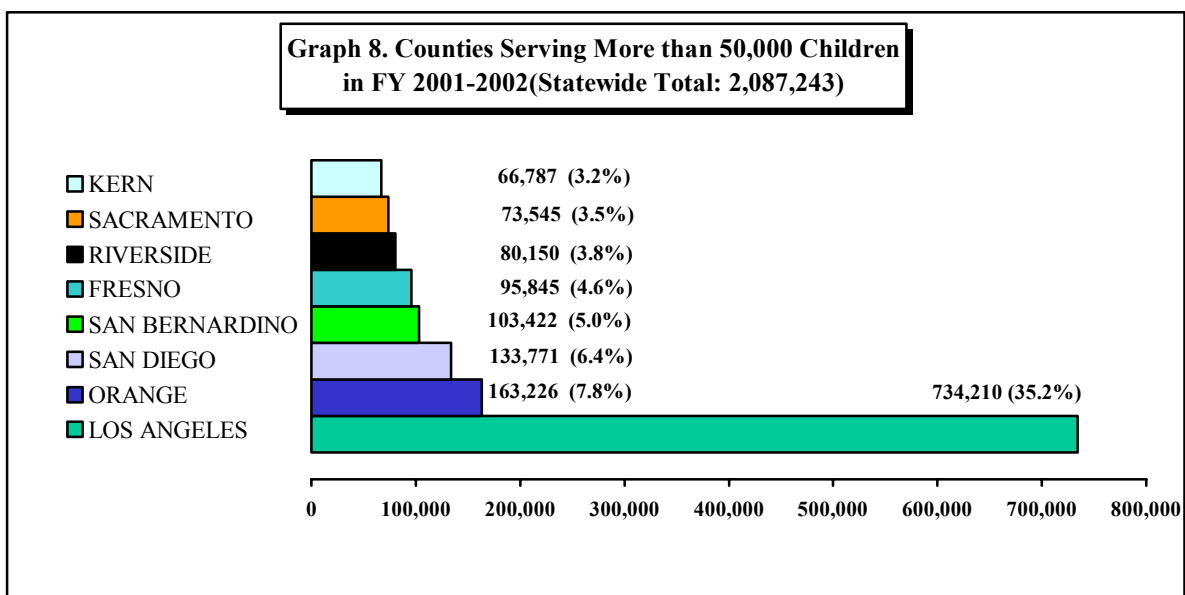
The CHDP estimated target population for FY 2001-02 was 4,558,136. The total number of children served (2,087,243) accounted for 45.8 percent of the target population. The Medi-Cal funded estimated target population was 2,853,269, of which 1,148,582 (40.3%) were served by CHDP program. The State-funded estimated target population was 1,704,867, of which 938,661 (55.1%) were actually served by the CHDP program (see Graph 7).



For a complete listing of the target population in each county, including the Medi-Cal and State-funded target population, and the number of children served in FY 2001-02, see Table 71 – CHDP Children Served vs. Target population by Source and County/City (page 86).

Counties Serving Over 50,000 Children

During FY 2001-02, there were eight counties that served over 50,000 CHDP children. Those counties were Los Angeles, Orange, San Diego, San Bernardino, Fresno, Riverside, Sacramento, and Kern. These counties served approximately 70 percent of the children statewide. Los Angeles served the most children at 734,210, which represents 35 percent of the children statewide. (Note: the Los Angeles County numbers exclude the cities of Long Beach and Pasadena, which report separately) (see



Graph 8).

* Percentage of total number children served.

Unduplication Method

Because more than one PM 160 form may be submitted for an individual child, and a child may have more than one exam, to unduplicate these claims, a process was used to determine the total number of children served.

The following methodology was used to calculate an unduplicated count of children served in fiscal year 2001-02.

- Medi-Cal Fee-For-Service claims are unduplicated by Medi-Cal Identification Number. This may result in an over count of children because some children have more than one Medi-Cal identification number during a given year.
- State-funded and Info/PHP claims are unduplicated using the child's name and birth date. This may result in an undercount for children with the same name and birth date.

Due to the limitations of identifying fiscal year information, the unduplication method results in an estimate of children served.